



**For Immediate Release**  
**July 27, 2010**

**Contact:**

Midwives Alliance of North America  
Geradine Simkins, President & Interim Executive Director  
[president@mana.org](mailto:president@mana.org)  
[info@mana.org](mailto:info@mana.org)  
231.228.5857 (O)  
231.590.3742 (C)

**New ACOG Guidelines: Vaginal Birth After Cesarean is a Safe Option**

**Washington, DC**— The Midwives Alliance of North America (MANA), a professional midwifery organization since 1982, commends the American College of Obstetricians and Gynecologists (ACOG) for their updated practice guidelines on Vaginal Birth After Cesarean (VBAC) released July 21, 2010. ACOG’s recent guidelines are less restrictive than previous ones. The new guidelines state that VBAC is a “safe and appropriate choice” for most women who have had a prior cesarean delivery, including some women who have had two previous low-transverse cesarean incisions, women carrying twins, and women with an unknown type of uterine scar.

There has been a dramatic increase in cesarean delivery in the United States (from 5% in 1970 to nearly 32% in 2009) and a rapid decrease of VBACs (from 28% in 1996 followed by a decline to 8% in 2006). Lack of VBAC availability in U.S hospitals due to practitioner and institutional restrictions, which diminished women’s choices in childbirth, is often cited as the reason for the conspicuous decrease in VBACs. In light of the VBAC restrictions that have become commonplace in most U.S. hospital, it is noteworthy that ACOG’s new guidelines emphasize a woman’s right to self-determination. The new ACOG guidelines state that even if a hospital does not offer a trial of labor after cesarean (TOLAC), a woman cannot be forced to have a cesarean nor can she be denied care if she refuses a repeat cesarean. In addition, previous ACOG guidelines on VBAC stated that anesthesia and surgery must be “immediately available” for an institution to offer VBAC; the new guidelines have relaxed this restriction.

ACOG has seriously considered recommendations from the National Institutes of Health (NIH) Consensus Development Meeting on vaginal birth after cesarean held in Washington DC in March 2010. Based on the scientific evidence, the NIH expert panel affirmed that risks in VBACs are low, similar to risks of other laboring women, and repeat cesareans expose mothers and infants to serious problems both in the short and long terms. The NIH expert panel concluded that in the absence of a compelling medical reason, most women should

611 Pennsylvania Ave. SE #1700  
Washington, DC 20003-4303

888.923.6262  
[www.mana.org](http://www.mana.org)  
[info@mana.org](mailto:info@mana.org)



be offered a trial of labor after cesarean. The NIH expert panel further recommended that all women be given unbiased educational information during their pregnancies with which to make decisions regarding VBAC in partnership with their healthcare providers. Women should also be offered full informed consent and refusal during their labors.

“While we are pleased that ACOG has issued less restrictive VBAC guidelines and affirmed a woman’s autonomy in her childbirth experience, it is still up to women to take charge of their lives, educate themselves about childbirth practices, and put pressure on their healthcare practitioners to provide the safest birth options for their babies and themselves,” says Geradine Simkins, President and Interim Executive Director of the Midwives Alliance. The Midwives Alliance takes the position that the best interests of most mothers and infants are served when women are given the opportunity to birth under their own power and in their own way with the intention of avoiding primary cesarean deliveries and other unnecessary interventions. An impressive body of research literature shows that the midwifery model of care results in less intervention in the birth process and safe and satisfying outcomes for mothers and babies. In addition, evidence shows that birth in a woman’s home with a trained midwife, or in a freestanding birth center, results in decreased cesarean sections and other obstetrical interventions. “We want women to have all the choices they need to have healthy pregnancies and give birth safely,” say Simkins, “and we are pleased that ACOG’s new guidelines on VBAC will add another choice to the menu of maternity care options.”

For more information on the Midwives Alliance visit <http://mana.org/>. For information on practitioner and childbirth options visit Mothers Naturally at <http://www.mothersnaturally.org/>.

611 Pennsylvania Ave. SE #1700  
Washington, DC 20003-4303

888.923.6262  
[www.mana.org](http://www.mana.org)  
[info@mana.org](mailto:info@mana.org)